

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
04-01

2. STATE
Oregon

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID) Medical Assistance

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2004

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
1932(C)(2) and 1902(d) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY \$ -0-
b. FFY \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Pages 46 and 50a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Pages 46 and 50a

Oregon (04-01)
Approval: 03/16/04
Effective: 03/01/04

10. SUBJECT OF AMENDMENT: This transmittal is being submitted to reflect the changes with the Qualified External Quality Review Organization (EQRO) due to new Balanced Budget Act (BBA) regulations.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Lynn Read

Jean Thorne

13. TYPED NAME **Lynn Read**

Jean Thorne

14. TITLE: **Administrator, OMAP** **Director, DHS**

15. DATE SUBMITTED:

16. RETURN TO:

Office of Medical Assistance Programs
Department of Human Services
500 Summer Street NE, 3rd Floor, E35
Salem, OR 97301

ATTN: Carole Van Eck

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **FEB 18 2004**

18. DATE APPROVED: **MAR 16 2004**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **MAR - 1 2004**

20. SIGNATURE OF REGIONAL OFFICIAL: */s/*

21. TYPED NAME: **Karen S. O'Connor**

22. TITLE: **Associate Regional Administrator**
Division of Medicaid & Children's Health

23. REMARKS:

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: OREGON

Citation

4.14 Utilization/Quality Control

42 CFR 431.60
42 CFR 456.2

50 FR 15312
1902(a)(30)(C) and
1902(d) of the
Act, P.L. 99-509
(Section 9431)

- (a) A statewide program of surveillance and utilization control has been implemented safeguards against unnecessary or inappropriate use of Medicaid services available under use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

X Directly

X By undertaking medical and utilization review requirements through a contract with a utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO. review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

1932(c)(2) and
1902(d) of the
Act, P.L. 99-5509
(Section 9431)

X A Qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438, Subpart E, each managed care organization, prepaid inpatient health plan, and health insuring organization under contract, except where exempted by regulation.

TN No. 04-01
Supersedes TN No. 92-8

Approval Date

Effective Date 3/1/04

Revision: HCFA-PM- 91-10 (MB)
DECEMBER 1991

State/Territory: OREGON

Citation 4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e) For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR Part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354 The State must ensure that an External Quality Review
42 CFR 438.356(b) and (d) Organization and its subcontractors performing the External Quality Review or External Quality review-related activities meets the competence and independence requirements.

____ Not applicable

TN No. 04-01
Supersedes TN No. 92-8

Approval Date

Effective Date 3/1/04